SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 **Bayfield County**

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Ç., ON 052014

Baylield Co. Zoning Dept

CHIERED Permit #: Date: Refund: は元 Amount Paid: P. 548 いる。上 6/5

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Authorized Agent: TYPE OF PERMIT REQUESTED-> | X LAND USE Great Koth Leen Skoraczewski Owner's Nam PROJECT LOCATION Same Section Xor: 1/4, 2 3 Legal Description: (Use Tax Statement) on Signing Application , Township 47 Gov't Lot behalf of Ov CQ. _ N, Range 318 Lot(s) 2 Contractor Phone:
336-8750
Agent Phone: 6080 From Like Rd 04-1918 ٤ City/State/Zip: 100 50 P-HC W-14-P-C-CCO Town af: Š Page Hughes Plumber: Agent Mailing Distance Structure Lot(s) No. Frankiver, WI 54847 Address (include City/State/Zip): -/0000 Block(s) No. is from Shareline : SPECIAL USE B.O.A. OTHER | Telephone: 7/ Subdivision C. Te Volume_ Lot Size Recorded Document: (i.e. Property O 1130 # 55 Written Authorization Attached Cell Phone: Plumber Phone: Page(s) 23? 20.18 377-925

Bromored Construction:	Existing Structu		•				ጉ		Value at Time of Completion *include donated time & material
1 1 1 1	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion		□ New Construction	Project
	or is relevant to it)		Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	⅓ 1-Story	# of Stories and/or basement
length:	Length:						ਾਂ Year Round	🗴 Seasonal	Use
				⅓ None		_ 3	2	□ 1	# of bedrooms
Wight:	Width: Height	None JUMP STOTION	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
<u>_</u>	7				00 gallon)		X Well	☐ City	Water

🗡 Shoreland

✓ Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

Distance Structure is from Shoreline:

Is Property in Floodplain Zone?
☐ Yes

Are Wetlands
Present?

Ves
No

N X

□ Is Property/Land within 300 feet of River, Stream
 Creek or Landward side of Floodplain?

(incl. late -continue

littent)

Proposed Use	<	Proposed Structure	Dimensions	Footage
and the state of t		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	× .	
		with Loft	(×)	
X Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(x)	
		with a Deck	(x)	
		with (2 nd) Deck	~ ×	
Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	×)	
		Mobile Home (manufactured date)	(x)	
	X	Addition/Aiteration (specify) APCL With KV	(D × 24)	SEC.
■ Municipal Use		Accessory Building (specify)	(×)	
**NAMANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARIINTANANYARI		Accessory Building Addition/Alteration (specify)	(x)	
Rec'd for Issuance			in commence of the commence of	- Charles
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	X	
		Other: (explain)	(x)	

Owner(s):

(If there are Multiple Own FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any page in the for the purpose of inspection. 3

Authorized Agent:

sted on the

Deed All Owners

must sign or letter(s) of authorization

must accompany this

application)

Date

1

Address to send permit

Samo

2

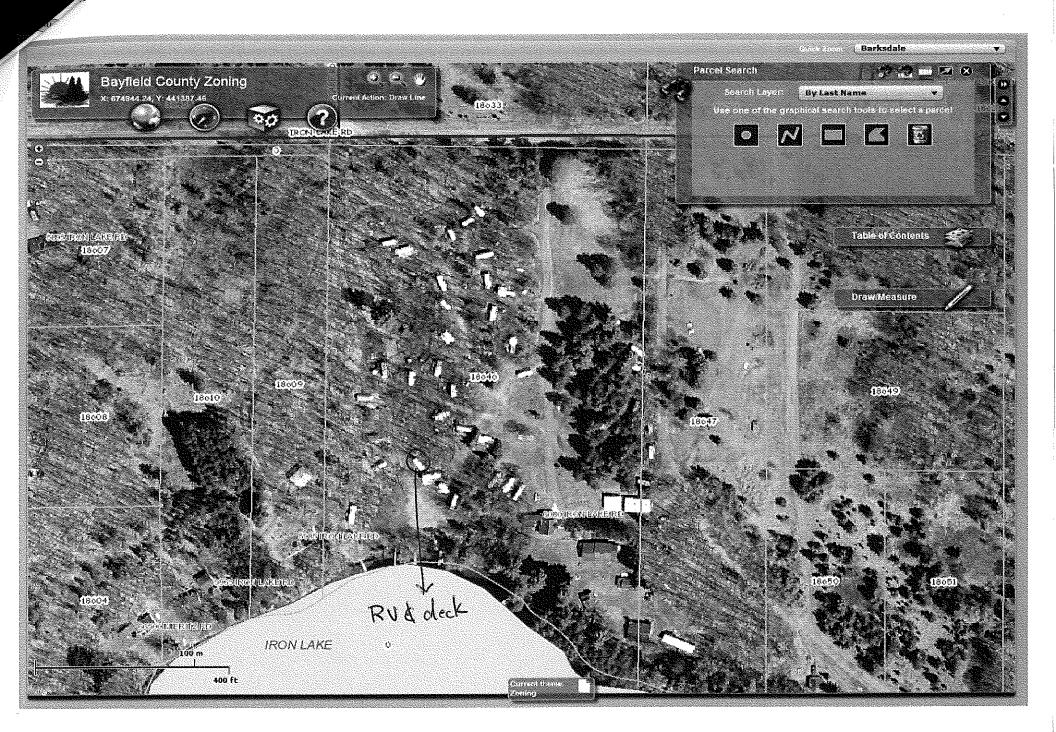
(If you are signing on behalf of the

Date

er(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

			ral F
Signature of Inspector: McHall	was Proposed Building Site Delineated	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) (8) Setbacks: (measured to the closest point) (8) Setback from the Centerline of Platted Road Setback from the South Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the Bast Lot Line Setback to Drain Field Setback to Drain Field Setback to Drain Field Setback to Priny (Portable A) Setback to Drain Field Setback to Drain Field Setback to Priny (Portable A) Setback to Drain Field Setback to Drain Field Setback to Priny (Portable A)	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Words Hold For Affidavit:	Inspected by: M. F. M.	Measurement Setback from the L Setback from the L Setback from the L Setback from the B Setback from which the se expense. Setback from the B Setback from which the se expense. Setback from the B Setback from which the se expense. Setback from the B Setback from which the se expense. Setback from the B Setback from which the se expense. Setback from the B Setback from which the se expense. Setback from the B Setback from the Setback from the	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) an (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date Hold For Fees:	Property Surveyed		d) Hoiding Tank (HT) and/or (*) Privy (P)
Date of Approvals - 14	Zoning District (RRB) Lakes Classification () Date of Re-Inspection:	Measuremen Wes Wes Why NH NH NH NH NH NH NH NH NH N	w (P)



SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) UN 052014

> Date:

Permit #:

6

Amount Paid:

é

614

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Baylield Co. Zarling Dept. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zo ing/asp)

14	Date 6-4-14	0			des	2	rile	Owner(s)
vledge that I (we) ept liability which eve access to the	l complete. I (we) acknow ermit. I (we) further acce g county ordinances to ha	orrect and issue a p	[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described groperty at any reasonable time for the purpose of inspection.	by me (us) and to the best that it will be relied upon ith this application. I (we)	information) has been examined to linformation) has been examined ton I (we) arm (are) providing and I (we) arm (are) providing in or variety and inspection.	ary accompanying uracy of all information on this information at time for the purpose	lication (includine detail and accused to detail and accused County relying at any reasonable	I (we) declare that this app am (are) responsible for the may be a result of Bayfiel above described property.
	-	TIES	THOUT A PERMIT WILL RESULT IN PENAL	G CONSTRUCTION WIT	BTAIN A PERMIT OF STARTIN	FAILURE TO O	Staff	Secretarial
	×	^	And the state of t		ain)	Other: (explain)		
	×	-			Conditional Use: (explain)	Conditional		
	×		and the second s		: (explain)	Special Use: (explain)		Hec a lot issualiza
mary of the space of the	. ×	1-	ng Pipingan an a	ration (specify)	Building Addition/Alte	Accessory E		
で (大)	1	(3)	30	10	Accessory Building (specify) Offecu Apa	Accessory Building	×	Municipal Use
)	×	_	A the adjustment of the state o	The state of the s	Addition/Alteration (specify)	Addition/A		
	X)		The state of the s		Mobile Home (manufactured date)	Mobile Hon		
	x)	^	☐ cooking & food prep facilities)	eping quarters, <u>or</u>	Bunkhouse w/ (□ sanitary, or □ sl	Bunkhouse		
	x)	_			with Attached Garage		ř	Commercial Use
	×				with (2 nd) Deck			
	×	1		A Depth annual section of the sectio	with a Deck			
	××	-[-	, and the state of		with (2 nd) Porch			> Neoluesitiai Ose
	×		THE STATE OF THE S		with Loft			Bosidontial III
	×	_		ck, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence (
	х))	a de la companya de l	on property)	Principal Structure (first structure on property)	Principal St		
Square Footage	Dimensions	o o		Proposed Structure	Pro		٠,	Proposed Use
2	De Service		wiatii.	Lengin: 77			on:	Proposed Construction:
3	Height:					ng applied for is	if permit bei	Existing Structure: (if permit being applied for is relevant to it)
	MANAGEMENT THE PROPERTY OF THE							
	est (est (est (est (est (est (est (est (֓֟֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֟֓֓֓֓֓֟֓֓֓֓֓			TOUINGE		riopeity	
	ntract)	vice co	None	1	No Basement	-T	☐ Run a Business on	
on)	ted (min	Vau	☐ ☐ Privy (Pit) or	* -	Basement	<u>8</u> 0	☐ Relocate (existing bldg)	
	ify Type: <u>Cby/J</u>) Spec	☐ 3 ✓ Sanitary (Exists) Speciments	\vdash	□ 2-Story □		Conversion	
Ẋ̃well	Specify Type:		☐ 2 ☐ (New) Sanitary	Year Round			☐ Addition/Alteration	
□ City			☐ 1 ☐ Municipal/City	Seasonal [X 1-Story 安		New Construction	X
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	# WF of Sewer/s bedrooms Is on 1	Use	# of Stories and/or basement		Project (What are you applying for)	ion e &
-								X Non-Shoreland
□ Yes X No	□ Yes	feet	Distance Structure is from Shoreline:	↓	Lake,	//Land within 1	is Property	
Are Wetlands Present?	Is Property in Floodplain Zone?	feet	Distance Structure is from Shoreline:	1	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain?	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	Is Property	-
30			ighes	HUG			, lownsnip	Section
900	Acreage	Lot Size	,	Town of:	٥	L J N Panco	12	
	n:	Subdivision	Lot(s) No. Block(s) No. Sul	Vol & Page	t Lot(s) CSM	Gov't Lot	1/4 1/4	10 5/N 5/N 75/N 1/N 1/N 1/N 1/N 1/N 1/N 1/N 1/N 1/N 1
perty Ownership)	P70 Page(s) 685	Volume/	101-000-11000	-2-47-09-08	(Use Tax Statement) 04-022-2-1	1	Legal Description:	PROJECT LOCATION
Attached Pes No	Attachec		Agent Maning Anniass (historias chitasactich)		ļ	cation on benait of	on signing Appli	Authorized Agent: (Person signing Application on behalf of Owner(s)
Phone	riumper rnone:	77:1	nder:	lone:				Contractor: Self
	2							Y ZARON
Ell Phone:	3		1	JOINGARY TO	O'N/State/Zip:		さるない	Charles I
ne:	1 1 1 1 1 1 1 1	グイグ	City/State/Zip:	no no	Mailing Address			ne:
THER	☐ B.O.A. ☐ OTHER	USE	☐ CONDITIONAL USE ☐ SPECIAL USE		X LAND USE SANITARY PRIVY		ŪESTED ⊸ ►	TYPE OF PERMIT REQUESTED>

recently purchased the prop

Attach
Copy of Tax Statement V
roperty send your Recorded Deed

Owner(s): (If there are Multiple

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the ow

er(s) a letter

of authorization

this

application)

Date

Address to send permit _

52/200

25

Sugar

	·········		,			,																	pati
Hold For Sanitary:	M Sta	Condition(s): Town, May M	Date of Inspection:	Inspection Record:	Was Propo	Granted by Variance (B.O.A.)	Is Parcel in Is Struct	Permit #:	Permit Denied (Date):		other previously Prior to the plac one previously s marked by a lice	Setback to Prior to the place	Setback to Septic Tank Setback to Drain Field	Setback fro	Setback fro	Setback fro			Please o				
nitary:	Inspe) Town	ection	ecord	Was sed B	Varian	el a Su Comm	4	ed (Da	5	ement o urveyed nsed sur	Privy ement o	Septio	m the	m the	m the		(8)) demo				(1) (2) (3) (4) (5) (6)
□ Hold F	structures.	Committee or Board	1-6-0	pection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	ce (B.O.A.) Case #:	Is Parcel a Sub-Standard Lot	0000	Permit Denied (Date):	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms: Sanitary Date: Sanitary Number: Sanitary Date: S	her previously surveyed corner or marked by a licensed surveyor at the owner's expense. For to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which he previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet arked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum n	setback to Septic Tank or Holding Tank	Setback from the East Lot Line	Setback from the West Lot Line Setback from the West Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Setbacks: (measured to the closest point)	complete (1) – (7) above (prior to continuing)		1,100+		Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:		Conditions At	1	(Well)	XYes □ No				e Uniy)	and Use Per Of New One The local	d surveyor at the re than ten (10) urveyed corner,	hin ten (10) feet		own Rd		Road		to the clo	ior to contin		1		Proposi North ((*) Driv All Exist (*) Wel (*) Lake (*) Wet
10 1000		Attached? TYe	Inspec	W.M. stoled	6 6 		(Deed of Record) (Fused/Contiguous Lot(s))	Permit Date:	Reasor	mits Expire & Two Fam Town, Villa	feet but less th or verifiable by	of the minimum re	100C +00C +10C	λ,	2 8 6 2 7 6	j	Mea	sest point)	uing)				Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold		L/S		-					Reason for Denial:	Expire One (1) Year vo Family Dwelling n, Village, City, Stanitary Number:	ise. an thirty (30 the Depart	equired	7	4	1000+	1061	Measurement						ction Plan *) Front ures on y reptic Ta (*) Stre *) Slope
Hold For Affidavit:		Jala No-	M	Metado			N N N	0-11	<u>a</u>	lear from the front the fr)) feet from ment by use	Feet setback, the	Feet	Feet	Feet Feet	Feet Feet	11						.age Roa /our Pro /ok (ST); (am/Cree s over 20
avit:		No they	Ru	2	Wei	Previo	Mitiga Mitiga	21		the Dat Municip Federal	the minim	boundary	Set	Elev	Seti	Setl Setl							ld (Nam perty (*) Drair ek; or (*
		they need to b	unter	12 C	e Proper	Previously Granted by Variance □ Yes 'B'No	Mitigation Required Mitigation Attached			e of Issua alities An agencies	im required	idary line from which the setback must be	Setback to Well	ation of	Setback from Wetland Setback from 20% Slope Area	back from back from back from							e Fronta rield ([) Pond
Ь		e attache		setbacks	ty Lines F V	ted by V	ched			ance if Co e Require may also	setback, th	ich the sett	Vell	Floadpl	n Wetla	n the Lai n the Riv n the Ba		Chang					ge Road])F); (*) H
Hold For Fees: □				47	Represen Vas Prop	ariance (Yes			Construction of Construction o	e boundary	back must b		ain	nd ope Are	ke (ordir /er, Stre nk or Bl	Description	es in pla					olding 1
es: 🗆		lumber			Were Property Lines Represented by Owner Was Property Surveyed	(B.O.A.)	N N X X			on or Use orce The I permits.	line from wh	e measured i			ă	Setback from the Lake (ordinary high-wa Setback from the River, Stream, Creek Setback from the Bank or Bluff	ion	Changes in plans must be a					¹ank (HT)
		å.	D 8			Case #:	Affi			has not t	et of the pr	nust be visil									V STOCK		and/or (
	Date o	Z	ate of R	Zoning District	Xyes		Affidavit Required Affidavit Attached			n Dwelling Cod	ack must be opposed site	ole from one				mark)		ed by the		Saras Ho	S. T. W. B. C. S. C.		*) Privy
	Date of Approval; //	e e	Date of Re-Inspection	trict						Code.	measured of the stru	e previously		~			M	e Plannir	5	The same of the same	意一個の大	7	(P)
	1 (1) (1)	thus		(#+ <u>/</u>			□ Yes				the setback must be measured must be visible from of the proposed site of the structure, or must be	isly surveyed corner to the	100+		3		Measurement A	pproved by the Planning & Zoning Dept.		Steel to steel	Des.	700+	** Obligation of the state of t
				2			K No				ible from	orner to the	Feet	Fee	Feet	Feet Feet	1ent	ing Dept	\				<i>C</i> .
													-	+	L+ L+	14 4 4		li W issia	r	tollo	inder Rd		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp Received TUT 1 19 min Jui

W 052014

ENTERED Date: Permit #:

Amount Paid:

Refund:

A CA 6 -6

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

i dispiration.	city/state/zip.	widiling Audress.	Owners warne:
Telephone:	City/State/7in	Mailing Address:	
O.A. 🗆 OTHER	TIONALUSE 🗆 SPECIALUSE 🗇 B.C	NITARY 🗆 PRIVY 🗀 CONDIT	TYPE OF PERMIT REQUESTED-> X LAND USE DESANITARY DEPRIVY DE CONDITIONAL USE DESPECIAL USE
.bayfieldcounty.org/zonin	HOW DO FFILL OUT THIS APPLICATION (visit our website www.	APPLICANT. HOW DO FEIL OUT TO	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Section, Township N, Range		NE 1/4, NE 1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Self		Charles Buran	Owner's Name:
W	Town of:	CSM Vol & Page	PIN: (23 digits) 04- 133-3-47-	Agent Phone:	Contractor Phone:	City/State/Zip:	68715 Hollander Kd	Mailing Address:
Hughes		age Lot(s) No. Block(s) No.	PIN: (23 digits) 04-132-2-47-09-08-101-000-11000 volume_	Agent Mailing Address (include City/State/Zip):	Plumber:	•	for Rd Tran River, WIS48	City/State/Zip:
	Lot Size	Subdivision:					NI 54847	
ů	Acreage		Ocument: (i.e. Property Ownership) Page(s) 695	Written Authorization Attached Ores No	Plumber Phone:	Cell Phone:	347 372-4633	Telephone:

Non-Shoreland	ờ Shoreland →		
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue —▶	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	
	Distance Structure is from Shoreline: $\frac{SOOF}{F}$ feet	Distance Structure is from Shoreline :	
	□ Yes ∑ No	Is Property in Floodplain Zone?	
	□ Yes X No	Are Wetlands Present?	

				2000	>		Value at Time of Completion * include donated time & material
,	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	X New Construction	Project (What are you applying for)
	□ Foundation	No Basement	Basement	□ 2-Story	☐ 1-Story + Loft ✓ Year Round	▼ 1-Story	# of Stories and/or basement
					💢 Year Round	□ Seasonal	Use
		≯ None		□ ₩	□ 2		# of bedrooms
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: (bull)	□ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	•	•			X Well	□ City	Water

Height:	Width:	ruction: Length:	sed
Height:	Width:	re: (ff.permit being applied for is relevant to it) Length:	disting Struct

	<	Dronned Charter		Dimancions	Square
Proposed Use	•	Proposed structure		DIIIEIISIOIIS	Footage
		Principal Structure (first structure on property)	_	х)	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
		with Loft)	x)	
X Residential Use		with a Porch	(×)	
		with (2 nd) Porch	~	×	
		with a Deck	(×	
		with (2 nd) Deck	_	×	No. of the Control of
Commercial Use		with Attached Garage	_	×)	
т.		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	1	×	
		Mobile Home (manufactured date))	×)	
]		Addition/Alteration (specify)	_	×	
□ Municipal Use	Ą	Accessory Building (specify) Wiscol Sheed	_	20×20)	007
		Accessory Building Addition/Alteration (specify)	_	×	**************************************
Rec'd for Issuance					
		Special Use: (explain)	_	×	
		Conditional Use: (explain)		×	
The state of the s		Other: (explain)	_	×	
	-				

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to the above described property at any reasonable tigns for the purpose of inspection.

Owner(s):

Owner(s):

Date

C-4-14 Owner(s): \(\frac{1}{2}\) Convers listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit Authorized Agent: (If you are signing on behalf of the ow Sam e 22 \mathcal{Q} bove er(s) a letter of authorization must accompany this application)

Date

Attach

Copy of Tax Statement recently purchased the property send your Recor

May not be used for human hobitate in structure. Signature of Inspector: Madael finital Hold For Sanitary: Hold For TBA: Hold For Affidavit:		Please complete (1)—(7) above (prior to continuing) (8) Setbacks: (measured to the closest point) Description Descripti	(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Wetlands; or (*) Stope (*) Wetlands; or (*)
Extens. Wo with under pressure Date of Approval: Hold For Form D	# of bedrooms: Sanitary Date:	Setbacks: (measured to the closest point) Setback from the lake (ordinary high-water mark) Setback from the Bank or Bird	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Briveway and (*) Frontage Road (Name Frontage Road) (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

In the box below: Draw or Sketch your Property (regardless of what you are applying for)	h vour Property (re	rardless of what you ar	- abolving for)			
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	Proposed (North (N) (*): (*) Drivew All Existing (*) Well (V (*) Lake; (*)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	d (Name Frontage Roperty (*) Drain Field (DF); (*) ek; or (*) Pond	ad) *) Holding Tank (HT) a	nd/or (*) Privy (P)	
					New Tours	inder Rd
				~	Saras e	5750
Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest prior to the closest	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point)	g) t point)	Cha	Changes in plans must be approved		by the Planning & Zoning Dept
1,000		Measurement		Description		Measurement
from the Centerline of from the Established	of Platted Road Right-of-Way	Feet Feet	Setback from the Lake (ordinar Setback from the River, Stream Setback from the Bank or Bluff	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	/ater mark)	Feet Feet Feet
from the		Feet	Setback from Wetland	tland		Feet
		Feet	Setback from 20% Slope Area Elevation of Floodplain	% Slope Area dplain		Feet
Setback to Septic Tank or Holding Tank	Tank	Feet	Setback to Well			Feet
Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting	sting) sting) feet of the state	Feet Feet re minimum required setback, th	B 148	dary line from which the setback must be measured must be	ist be visible from one previo	usly surveyed corner to the
other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proportion of a licensed surveyor at the owner's expense.	licensed surveyor at the ow ure more than ten (10) feet ously surveyed corner, or v ense.	ner's expense. but less than thirty (30) feet from erifiable by the Department by us	the minimum required setbace of a corrected compass from	k, the boundary line from whice a known corner within 500 fee	the setback must be measure tof the proposed site of the setback must be measured.	t be vi
NOTICE: All Land Use For The Construction Of New C The k	All Land Use Permit tion Of New One & 1 The local To	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms: Sanitary Date:	n the Date of Issuance i Municipalities Are Req Federal agencies may a	if Construction or Use huired To Enforce The Uselso require permits.	as not begun. niform Dwelling Code. Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #:		Permit Date:				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	ous Lot(s))	Mitigation Required Mitigation Attached	□ Yes □ No	Affidavit Required Affidavit Attached	□Yes □No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case	#		Previously Granted by ☐ Yes ☐ No	Variance (B.O.A.)	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	ted		Were Property Lin	Were Property Lines Represented by Owner Was Property Surveyed	ed Yes	□ No
Inspection Record:					Zoning District Lakes Classification	()
Date of Inspection:		pected by:			Date of Re-Inspection:	ection:
Condition(s):Town, Committee or Board Conditions Attached?	ard Conditions Attac	□Yes □No	~(If <u>No</u> they need to be atti	be attached.)		
Signature of Inspector:					Date of Approval:	roval:
Hold For Sanitary:	Hold For TBA: 🔲	Hold For Affidavit:	lavit:	Hold For Fees: 🗌 💹		